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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 038200002		CITY	OR TOWN	EVEREII	
APPLICATION	FOR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NA	ME: G & T TAVE	RN INC.				
DOING BUSIN	ESS A G & T TAV	ERN				
ADDRESS 23 E	BOW ST					
CITY/TOWN:	EVERETT	STATE: MA	ZII	P CODE:	02149	
	GIUGLIANO, GUISEPPE	TYPE OF LICENSE: Ro	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDR	RESS		
DESCRIPTION	OF LICENSED PR	EMISES:				
FRONT AND R	EAR EXIT,ONE FI	LOOR AND CELLAR FO	OR STOR	RAGE		
		alties of perjury that:				
		be of the same type for th	•			
	•	l with all laws of the Com		Ŭ	o taxes; and	
3. the p	remises are now ope	en for business (If not exp	lain belo	w)		
CICNED DV						
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Of	ficer		
DATE:	TEI ED	HONE NUMBER:	'	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	ILLLI	HOIVE IVOIMBER.	(1	Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, si	igned by the building	re are in possession (1) the new inspector and the heat ate of liquor liability ins	d of the	fire depart	ment for the	above
Please Check Below	<u>v:</u>		LOC	AL LICENS	SING AUTH	ORITY
APPROVED: [By:			
DISAPPROVEI						
(If disapproved	explain)					
DATE:						



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LICENSE NUMBER: 03820000	3	CITY OR TOWN EVERETT	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	
	CLASS	YE	EAR
LICENSEE NAME: TASTY (GARDEN, INC.		
DOING BUSINESS A TASTY	GARDEN		
ADDRESS 444 BROADWAY			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: CHAN, WING CHOW	TYPE OF LICENSE: Rea	staurant CATEGORY: A	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
7 DAY/ 136 SEATS,BRICK BU ENTRANCE AT REAR, WITH		E WITH DOUBLE DOORS AND (ONE
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	olied with all laws of the Comi	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expl	ain below)	
SIGNED BY			
Individua	l, Partner or Authorized Corpo	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Security	rity Number)
Acts of 2004, signed by the bu	ilding inspector and the head	e certificate required by Chapter and of the fire department for the aborance required by Chapter 116 of	ove
Please Check Below:		LOCAL LICENSING AUTHOR	ITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038200010		CITY OR TOWN	EVERETT	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: HO WIN INC.				
DOING BUSINESS A HO WIN PALAC	E			
ADDRESS 22 EVERETT AVE				
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE:	02149	
MANAGER: JOR, LENA TYPE	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISTON OF LICENSED PREMISTON ONE FLOOR, KITCHEN, DINING I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	of perjury that: the same type for the all laws of the Comm	4 BATHROOMS, Value on wealth relating to the in below)	licensed;	REA
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER: 038200012		CITY OR TOWN EVERETT
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DIAZ RES	TAURANT CORP.	
DOING BUSINESS A RUMORS	S RESTAURANT	
ADDRESS 56 FERRY ST		
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149
MANAGER: DIAZ, LUIS	TYPE OF LICENSE: R	testaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED I		
TWO ROOMS ON STREET FLO CELLAR FOR STORAGE	OOR, 2 ENTRANCES,2 EX	XITS REAR ROOM,KITCHEN AND
I hereby certify and swear under p	enalties of perjury that:	
1. the renewed license wi	ll be of the same type for th	ne same premises now licensed;
2. the licensee has comple	ied with all laws of the Con	nmonwealth relating to taxes; and
3. the premises are now o	ppen for business (If not exp	plain below)
SIGNED BY	Partner or Authorized Corp	norate Officer
marviduai,	Tartifer of Authorized Corp	porate Officer
DATE:	EDITONE NI IMDED.	EMPLOYER IDENTIFICATION NUMBER:
I ELI	EPHONE NUMBER:	(Note: NOT Individual Social Security Number)
***	• • •	
		the certificate required by Chapter 304 of the ad of the fire department for the above
		surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FI	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 03	38200013		CITY OR TOWN EVERE	TT
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME: D DOING BUSINESS A ADDRESS 206-08 FER	McDonald's Café	ge		
CITY/TOWN: EVERE		STATE: MA	ZIP CODE: 02149	
MANAGER: Bowdrid A	ge, Darlene TYPE	E OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
		SSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LIC				
CELLAR	S, ONE REAR EX	IT, DINING ROOM	M, REAR OF KITCHEN, STO	JCK AND
I hereby certify and swea	ar under penalties o	of perjury that:		
1. the renewed l	license will be of th	ne same type for the	same premises now licensed;	
2. the licensee h	nas complied with a	all laws of the Comr	nonwealth relating to taxes; a	nd
3. the premises	are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
Ir	ndividual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signed by	y the building insp	ector and the head	e certificate required by Chall of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:			-	



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LICENSE NUMBER: 038200015		CITY OR TOWN EVERETT	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: JOAN AND KEVI	N, INC.		
DOING BUSINESS A BROWN DERBY	•		
ADDRESS 330-32 FERRY ST			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: DORNEY, JOAN M. TYP	E OF LICENSE: Res	staurant CATEGORY: All Al	cohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
FRONT TAP ROOM, DINING ROOM, R ROOM. EXIT IN REAR, KITCHEN AND			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the	same premises now licensed;	
2. the licensee has complied with		•	
3. the premises are now open for	business (If not expla	ain below)	
SIGNED BY Individual Partner	or Authorized Corpo	orate Officer	
marrada, rather	or rumorized corpe	Auto officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUI	MBER:
TELEI IION.	E IVONIBER.	(Note: NOT Individual Social Security N	umber)
We the undersigned attest that we are	in negacian (1) th	a contificate magnined by Chanton 201	of the
We the undersigned, attest that we are Acts of 2004, signed by the building ins			or the
named license and (2) the certificate of of 2010.	liquor liability insu	rance required by Chapter 116 of the	Acts
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:		-	
(If disapproved explain)			
			 ,
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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LICENSE NUMBE	R: 038200016		CITY OR TOWN EVER	ETT
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME	2003 NICO ENT	ΓERPRISES INC.		
DOING BUSINESS	A CASTELLI			
ADDRESS 355 FEI	RRY ST			
CITY/TOWN: EV	ERETT	STATE: MA	ZIP CODE: 02149)
MANAGER: STE	LLA, JAMES T	YPE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
	ID LOUNGE, 3RD	FLR bar, seating, bath	M; 1ST FLR MEN'S BAR, rooms and storage, 4th floor	, seating area,
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	ved license will be	of the same type for the	same premises now licensed	l;
2. the licens	see has complied w	ith all laws of the Com	monwealth relating to taxes;	and
3. the prem	ises are now open f	for business (If not expl	ain below)	
SIGNED BY	Individual Darts	ner or Authorized Corp	orata Officar	
	marviauai, i aru	ici oi Authorized Corp	orate Officer	
DATE:	TELEDIA		EMPLOYER IDENTII	FICATION NUMBER
211121	TELEPHO	ONE NUMBER:	(Note: NOT Individual So	
Acts of 2004, signe	d by the building	inspector and the hea	e certificate required by C d of the fire department for arance required by Chapter	r the above
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)		-	
DATE:				



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9	CITY OR TOWN EVERETT
L: Annual	LICENSED FOR 2013
CLASS	YEAR
T'S INC	
RTS	
VE	
STATE: MA	ZIP CODE: 02149
TYPE OF LICENSE: Res	ctaurant CATEGORY: All Alcohol
ISIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
PREMISES:	
ER,EMERGENCY EXIT ON I RTMENTS AND TWO ROOM	ELM,WOOD FRAME STRUCTURE MS
penalties of perjury that:	
vill be of the same type for the	same premises now licensed;
lied with all laws of the Comn	nonwealth relating to taxes; and
open for business (If not expla	ain below)
l, Partner or Authorized Corpo	orate Officer
LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
llding inspector and the head	e certificate required by Chapter 304 of the I of the fire department for the above rance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	L: Annual CLASS T'S INC RTS VE STATE: MA TYPE OF LICENSE: Res INIT OUR WEBSITE AND ENTER YOUR EN PREMISES: ER, EMERGENCY EXIT ON RTMENTS AND TWO ROOM penalties of perjury that: vill be of the same type for the blied with all laws of the Comm open for business (If not explain I, Partner or Authorized Corporation LEPHONE NUMBER: It we are in possession (1) the cliding inspector and the head



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038200023		CHY	OR IOWN EVEREI	1
APPLICATION FO	R RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	FROG POND INC.				
DOING BUSINESS	A FROG POND				
ADDRESS 391 MA	IN ST				
CITY/TOWN: EV	ERETT	STATE: MA	ZII	P CODE: 02149	
MANAGER: POV	VERS, DALE E. TYPE	OF LICENSE: Res	taurant	CATEGORY	: All Alcohol
EMAIL ADDRESS					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDI	RESS	
DESCRIPTION OF	LICENSED PREMISE	S:			
	CE, REAR EXIT NEAR				
	A ROOM FOR BAR, KI swear under penalties of		,ВАТН	IROOM AND CELLAR	•
	ved license will be of the		same ni	remises now licensed:	
	see has complied with al	* *	-		d
	ises are now open for bu			_	-
SIGNED BY					
	Individual, Partner or	Authorized Corpo	rate Of	ficer	
DATE:	TELEPHONE	NUMBER:	_	EMPLOYER IDENTIFICA	
			(1)	Note: NOT Individual Social	l Security Number)
	ed, attest that we are in ed by the building insp				
	(2) the certificate of li				
Please Check Below:			LOC	AL LICENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
 '					



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LICENSE NUMBE	R: 038200024		CITY OR TO	WN EVERETT	ľ
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	M.C. R.C. IN	NC.			
DOING BUSINESS	A CHAMPIO	ONS			
ADDRESS 234-36 I	MAIN ST				
CITY/TOWN: EVI	ERETT	STATE: MA	ZIP CODE	E: 02149	
	ZZOCCIA, BERT	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PI	REMISES:			
MAIN ROOM, KIT	CHEN AND F	UNCTION ROOM			
I hereby certify and	swear under pe	nalties of perjury that:			
1. the renew	ved license will	be of the same type for t	he same premises	now licensed;	
2. the licens	see has complie	ed with all laws of the Co	mmonwealth relati	ing to taxes; and	
3. the premi	ises are now op	en for business (If not ex	plain below)		
SIGNED BY	Individual, F	Partner or Authorized Con	rporate Officer		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social S	
Acts of 2004, signe	d by the build	we are in possession (1) ing inspector and the ho cate of liquor liability in	ead of the fire dep	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)		-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILI	ED BY LICENSEES DURING THE	E MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN EVERETT
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: GIACOBBE INC.	
DOING BUSINESS A JOSIE'S PLACE	
ADDRESS 281-83 MAIN ST.	
CITY/TOWN: EVERETT STATE: MA	ZIP CODE: 02149
MANAGER: WARD, TYPE OF LICENSE: Re JOSEPHINE L.	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO ENTRANCES, TWO EXITS, FRONT AND BACK OF FLOOR, KITCHEN IN REAR AND CELLAR FOR STORAGE	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	monwealth relating to taxes; and
3. the premises are now open for business (If not expl	ain below)
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Corpo	orate Officer
	orate Officer
Individual, Partner or Authorized Corpo	orate Officer
	EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Corpo	
Individual, Partner or Authorized Corpo	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) th Acts of 2004, signed by the building inspector and the hearnamed license and (2) the certificate of liquor liability insu of 2010. Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above
Individual, Partner or Authorized Corporation DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear named license and (2) the certificate of liquor liability insured to 100. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) th Acts of 2004, signed by the building inspector and the hearnamed license and (2) the certificate of liquor liability insured 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Corporation DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear named license and (2) the certificate of liquor liability insured to 100. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) th Acts of 2004, signed by the building inspector and the hearnamed license and (2) the certificate of liquor liability insured 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above arrance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038200026		CITY OR TOWN EVERET	T
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: 8/10 BAR & GRI	LLE INC.		
DOING BUSI	NESS A			
ADDRESS 8 1	NORWOOD STREET			
CITY/TOWN:	: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER:	SASSO, RICHARD TY JOSEPH	'PE OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREM			
	ENTRANCE/EXIT. CON		OTH FACE NORWOOD STR DINING ROOM, LOUNGE,	
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be of	f the same type for the	same premises now licensed;	
2. the	licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; and	d
3. the	premises are now open fo	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the building in	nspector and the head	certificate required by Chap of the fire department for the rance required by Chapter 1	ne above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			Ву:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 038200	0027	CITY OR TOWN EVI	ERETT
APPLICATION FOR RENE	WAL: Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: NORW	VOOD CAFE INC. OF EVERE	ГТ	
DOING BUSINESS A ZEK	E'S PUB		
ADDRESS 61 Chelsea St			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 021	149
MANAGER: GUIRY, ELE	NA TYPE OF LICENSE:R	estaurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
ONE FLOOR, TWO ROOM	S, KITCHEN AND CELLAR F	OR STORAGE	
I hereby certify and swear une	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for the	e same premises now licen	sed;
2. the licensee has co	omplied with all laws of the Con	monwealth relating to taxe	es; and
3. the premises are n	ow open for business (If not exp	olain below)	
SIGNED BY		0.00	
Individ	dual, Partner or Authorized Corp	orate Officer	
DATE:	ΓELEPHONE NUMBER:		TTIFICATION NUMBER:
		(Note: <u>NO1</u> Individual	l Social Security Number)
We the undersigned, attest	that we are in possession (1) t	he certificate required by	Chapter 304 of the
	building inspector and the hea		
named license and (2) the c of 2010.	ertificate of liquor liability ins	urance required by Chap	ter 116 of the Acts
		LOCAL LIGENSPIC	ALVENIODIEN
Please Check Below: APPROVED:		LOCAL LICENSING	AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)		-	
D. 1875			
DATE:			
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. C	h. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03820	0028	CITY	OR TOWN	EVERETT	
APPLICATION FOR RENE		nnual LASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DONI DOING BUSINESS A PAR ADDRESS 1812 REVERE I	NA WOOD KWAY PUB	<i>L.</i> 190			12/110
CITY/TOWN: EVERETT	STAT	E: MA ZII	P CODE:	02149	
MANAGER: WOOD,DON	NNA TYPE OF LIC	ENSE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE A	LSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDR	RESS		
DESCRIPTION OF LICENS ONE STORY WOODEN ST ENTRANCES/EXITS ON T	RUCTURE WITH AN		IT IN FRON	IT AND TWO	0
2. the licensee has c	se will be of the same to omplied with all laws on now open for business (f the Commonweal	Ith relating to		
SIGNED BY Indivi	dual, Partner or Author	ized Corporate Off	ficer		
DATE:	TELEPHONE NUMBI				ION NUMBER:
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector an	d the head of the	fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC. By:	AL LICENS	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 038200032		CITY OR TOWN EVERET	T
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SILVER FOX R	ESTAURANT INC.		
DOING BUSINESS A SILVER FOX	RESTAURANT		
ADDRESS 530- SECOND ST			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: MESSINA, JOSEPH T A.	YPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
3 ENTRANCES ON SECOND ST, 2 R KITCHEN AND CELLAR FOR STOR		ERGENCY EXIT, 4 RESTRO	OOMS,
I hereby certify and swear under penalti	ies of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now licensed;	
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to taxes; and	d
3. the premises are now open f	or business (If not explain	n below)	
SIGNED BY			
Individual, Partr	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO			
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Socia	
		marriada socia	i security i variabel)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for th	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUMBER: 038200034		CITY OR TOWN	1 EVERETT	
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CHAMPINONES,	INC.			
DOING BUSINESS A SECOND STREET	ET CAFE			
ADDRESS 557 SECOND ST.				
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE:	02149	
MANAGER: ORTIZ, LUIS TY	PE OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	SES:			
ONE FLOOR, TWO ENTRANCES ANI	EXITS, CELLAR F	OR STORAGE		
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	• •	-		
2. the licensee has complied with		· ·	to taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY Individual, Partner	r or Authorized Corpo	rate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYI	ER IDENTIFICAT	TION NUMBER:
3		(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(1. chappioned enplain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER: 038200037		CITY OR TOWN EVERET	T
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: F & L INC.			
DOING BUSINESS A DESTINY LO	OUNGE		
ADDRESS 10 WOODLAWN AVE			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: LA GAMBINA, FRANK JR.	TYPE OF LICENSE:R	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
$1\;\mbox{ENTRANCE}$, $1\;\mbox{EXIT}$, KITCHEN	AND STORAGE		
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the	ne same premises now licensed;	
2. the licensee has complied	with all laws of the Cor	mmonwealth relating to taxes; and	1
3. the premises are now open	for business (If not exp	plain below)	
SIGNED BY Individual, Par	rtner or Authorized Cor	porate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the he	ad of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBE	R: 038200039		CITY OR TOWN	EVERETT
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: PJC OF MASSACH	IUSETTS, INC.		
DOING BUSINESS	S A RITW AID #1016	4		
ADDRESS 405 BR	OADWAY			
CITY/TOWN: EV	ERETT	STATE: MA	ZIP CODE:	02149
MANAGER: JOY E.	CE, MICHAEL TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	see has complied with ises are now open for b	business (If not expl	ain below)	taxes; and
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	nvo no montri
DISAPPROVED:			-	
(If disapproved expl	laın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	IONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	BER: 038200041		CITY OR TOWN	EVERETT
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: BOBB'S LIQUO	ORS, INC.		
DOING BUSINI	ESS A FIORENTING	O'S PACKAGE STORE		
ADDRESS 123	FERRY STREET			
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE:	02149
	PATEL, BRIJESH 3.	ΓΥΡΕ OF LICENSE: Pα	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
	remises are now open	vith all laws of the Comfor business (If not exp	lain below)) taxes; and
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below	<u>:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVED				
(If disapproved e	Apiani)			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILED I	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0382000)42	CITY OR TOWN	EVERETT
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ZILL IN	IC		
DOING BUSINESS A GLEN	DALE PACKAGE STORE		
ADDRESS 315 FERRY ST			
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE:	02149
MANAGER: PATEL, KANAIYALA	TYPE OF LICENSE: PLB.	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
1 ROOM ON STREET FLOO AND SIDE ENTRANCE	R, REAR ROOM AND CELL	AR FOR STORAGE,	FRONT ENTRANCE
SIGNED BY	w open for business (If not exp		
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 038200044		CITY OR TOWN	EVERETT	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME	E: PIETS INC				
DOING BUSINES	S A MC CORMA	ACKS LIQUORS			
ADDRESS 82 HA	NCOCK STREET	Γ			
CITY/TOWN: EV	/ERETT	STATE: MA	ZIP CODE:	02149	
MANAGER: PIE	ETRANTONIO, UL	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O	F LICENSED PR	EMISES:			
2. the licer	nsee has complied nises are now ope	be of the same type for the with all laws of the Comin for business (If not explantment or Authorized Corporation)	monwealth relating to ain below)		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038200045		CITY OR TOWN	EVERETT	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAI	ME: FBL OF EVI	ERETT			
DOING BUSIN	ESS A FERNAND	EZ BROTHERS LIQUO	RS		
ADDRESS 409-	411 MAIN STREE	ET			
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE:	02149	
	FERNANDEZ, RAFAEL	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PI	REMISES:			
	AGE GOOD STOR				
•	-	nalties of perjury that:			
		be of the same type for th	_		
	=	d with all laws of the Con	=	o taxes; and	
3. the pr	remises are now op	en for business (If not exp	olain below)		
CICNED DV					
SIGNED BY	Individual, F	Partner or Authorized Corp	oorate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	1222	TIONE INCINIBLIA	(Note: NOT Ind	ividual Social So	ecurity Number)
DI CI I D I					
Please Check Below APPROVED:	<u>/:</u>		LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVEI	D:		Ву:		
(If disapproved e					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03820004	17	CITY OR TOWN EVE	RETT
APPLICATION FOR RENEWA	AL: Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: KUSH C	ORPORATION		
DOING BUSINESS A BROAD	OWAY LIQUORS		
ADDRESS 20 NORWOOD ST	REET		
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 0214	49
MANAGER:	TYPE OF LICENSE: Pac	ckage Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEE 1ST. FLOOR.	PREMISES:		
3. the premises are now SIGNED BY	plied with all laws of the Comr open for business (If not explant)	ain below)	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	CIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 038200049		CITY OR TOWN	EVERETT	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	ME: MLKH, INC				
DOING BUSIN	NESS A SAM'S SPA				
ADDRESS 178	CHELSEA STREE	Т			
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE:	02149	
MANAGER:	NGUYEN,MY	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PR	EMISES:			
ONE FRONT E	ENTRANCE AND 3	ROOMS ON THE FIRS	ST FLOOR, CELLAR	FOR STORA	AGE
I hereby certify	and swear under per	alties of perjury that:			
		be of the same type for t	=		
	•	l with all laws of the Co	_	taxes; and	
3. the p	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY			0.00		
	Individual, Pa	artner or Authorized Co	rporate Officer		
DATE:	TELEP	HONE NUMBER:			ION NUMBER:
			(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Below	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	CAPIGIII)				
DATE:					



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LICENSE NU.	MBER: 038200051		CITY OR TOWN EVER	EII
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FC	OR 2013
		CLASS		YEAR
DOING BUSI		A RESTAURANT, INC.		
	5 MAIN STREET	CTLATE NA	7TD CODE 02146	
CITY/TOWN:		STATE: MA	ZIP CODE: 02149)
MANAGER:	ABBONDANZA, T JOSEPH	YPE OF LICENSE: Rest	aurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
		R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
-	N OF LICENSED PREM S, PLUS KITCHEN.	AISES:		
	premises are now open f	for business (If not explain		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER:
Acts of 2004,	signed by the building	inspector and the head	certificate required by C of the fire department for ance required by Chapter	hapter 304 of the r the above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	JTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038200055		CITY OR TOWN EVER	RETT	
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2		
	CLASS		YEAR	
LICENSEE NAME: SONS OF OI DOING BUSINESS A ADDRESS 316 MAIN ST	RSOGNA ASSOCIATION,	INC		
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 0214	.9	
MANAGER: DI RICO, DOMENIC	TYPE OF LICENSE: Clu	b CATEGO	ORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICENSED PR				
ONE FLOOR DINING ROOM AN I hereby certify and swear under per		RESTROOMS		
2. the licensee has complied 3. the premises are now open SIGNED BY Individual, P		nin below)	and	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	IFICATION NUMBER:	
We the undersigned, attest that v Acts of 2004, signed by the buildi named license and (2) the certific of 2010.	ing inspector and the head	of the fire department fo	or the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	UTHORITY	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 038200056		C	ITY OR TOW	N EVEREII	
APPLICATION FO	R RENEWAL:	Annu	al	LICI	ENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 71 TILE		SCHIAVO A	SSOCIAT	ES, INC.		
CITY/TOWN: EVI		STATE:	MA	ZIP CODE:	02149	
				ZIF CODE.		
MANAGER: CON		E OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		YOUR EMAII	. ADDRESS		
	NG ROOM AND BAI		AND RES	STROOMS		
I hereby certify and so the renew 2. the licens	swear under penalties yed license will be of the has complied with uses are now open for	of perjury that the same type all laws of the	t: for the sar Common	me premises no		
SIGNED BY	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHONI	E NUMBER:			YER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	38200058		CITY OR TO	OWN	EVERETT		
APPLICATION FOR R	RENEWAL:	Annual	L	ICENS	SED FOR 20)13	
		CLASS				YEAR	
LICENSEE NAME: JOUNG BUSINESS A ADDRESS 535-37 SEC	SILVER FOX RES						
CITY/TOWN: EVERI		STATE: N		NE.	02140		
					02149		
MANAGER:	1 1 1 1	E OF LICENSE	Restaurant	CA	TEGORY:	All Alcohol	
EMAIL ADDRESS:	LAGE AT SO MIGHT OUR WITH		UD EMAH ADDREGG				
DESCRIPTION OF LIC	ASE ALSO VISIT OUR WEI FNSFD PREMISI		UR EMAIL ADDRESS				
2 ENTRANCES ON SE KITCHEN, CELLAR F	ECOND ST, 2 REA		SIDE ENTRANG	CE, 2 R	ESTROOM	S,	
3. the premises SIGNED BY	has complied with a are now open for b	ousiness (If not e	xplain below)				
DATE:	TELEPHONE	E NUMBER:				TON NUMBER: ecurity Number)	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the l	nead of the fire d	epartn	ent for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LI By:	CENSI	NG AUTHO	ORITY	
)						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:038200059		CITY OR TOW	N EVERETT	•
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
	A RUMAS FR	Γ AND PRODUCE CO. UIT, GIFT BASKET W ET			
CITY/TOWN: EVE	RETT	STATE: MA	ZIP CODE:	02149	
MANAGER: RUM	A, JAMES	TYPE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PR	EMISES:			
WAREHOUSE WIT	H OFFICES &	SHOWROOM FOR GI	FT BASKETS		
	_	with all laws of the Corn for business (If not ex		ng to taxes; and	
	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	1:038200064		CITY OR TOWN EVERE	TT
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	TGI FRIDAY'S,	INC		
DOING BUSINESS	A TGI FRIDAY'S	S		
ADDRESS 33 MYS	ΓΙC VIEW ROAD)		
CITY/TOWN: EVE	RETT	STATE: MA	ZIP CODE: 02149	
	NEVALE, T MAS A.	YPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF		R WEBSITE AND ENTER YOUR F MISES:	EMAIL ADDRESS	
I hereby certify and s	wear under penalt	ies of perjury that:		
1. the renew	ed license will be	of the same type for the	e same premises now licensed;	
2. the license	ee has complied w	ith all laws of the Com	monwealth relating to taxes; ar	nd
3. the premis	ses are now open f	For business (If not expl	lain below)	
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004, signed	by the building	inspector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	the above
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVED:	:			
(If disapproved expla	IIII <i>)</i>			
DATE:				
APPLICATION FOR RENEW	VAL MUST BE FILED B	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038200065		CITY OR TOWN	EVERETT	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: TEXAS ROADHO	USE OF EVERETT.	LLC		
DOING BUSINESS A TEXAS ROADHO	OUSE			
ADDRESS 31 MYSTIC VIEW ROAD				
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE:	02149	
MANAGER: HANAN, VICTOR TYPE	'E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WIDESCRIPTION OF LICENSED PREMISE FAMILY STYLE RESTAURANT WITH I hereby certify and swear under penalties 1. the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY	SES: ALCOHOLIC BEV of perjury that: the same type for the all laws of the Comr	same premises now nonwealth relating to ain below)	licensed;	
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	ividual Social S	•
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 038200066		CITY OR TOWN EVERETT	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: ANTOINETTE PAN DOING BUSINESS A ADDRESS 451 FERRY ST.	NULLO		
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: PANNULLO, ANTO TYPI INETTE	E OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLEASE ALSO VISIT OUR WEED DESCRIPTION OF LICENSED PREMISI		AIL ADDRESS	_
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b	ne same type for the sall laws of the Comm	onwealth relating to taxes; and	
SIGNED BY Individual, Partner of	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	ector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0382	00067	CITY	OR IOWN EVEREII	
APPLICATION FOR REN	EWAL: An	nual	LICENSED FOR 20	013
	CL	ASS		YEAR
LICENSEE NAME: ENE DOING BUSINESS A EN	ERGY LIQUORS	INC.		
ADDRESS 38 BROADWA				
CITY/TOWN: EVERETT			IP CODE: 02149	
MANAGER: BLACK, K	ENNETH TYPE OF LICE	ENSE:Package S	tore CATEGORY:	All Alcohol
EMAIL ADDRESS:	-			
DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND ENT ISED PREMISES:	TER YOUR EMAIL ADD	RESS	
2. the licensee has 3. the premises are SIGNED BY	nse will be of the same typ complied with all laws of now open for business (If	the Commonweat not explain belo	alth relating to taxes; and ow)	
Indiv	vidual, Partner or Authoriz	zed Corporate O	mcer	
DATE:	TELEPHONE NUMBER		EMPLOYER IDENTIFICAT Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	CAL LICENSING AUTHO	ORITY
DATE:				



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LICENSE NUMB	ER: 038200068		CITY OR TOWN EVERET	L
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAMI	E: RUMORS BAI	R AND GRILLE, INC		
DOING BUSINES	SS A			
ADDRESS 56 FEI	RRY ST			
CITY/TOWN: E	VERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: AF	RANGO, ANA RISTINA	TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRES	S:			
DESCRIPTION O	PLEASE ALSO VISIT OF F LICENSED PRE	UR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS	
I hereby certify and	d swear under pena	lties of perjury that:		
1. the rene	ewed license will be	e of the same type for the	ne same premises now licensed;	
2. the lice	nsee has complied	with all laws of the Cor	nmonwealth relating to taxes; and	
3. the prei	mises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ned by the building	g inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	nlain)			
(11 disappioved cx	γιω)			
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038200070		CITY OR	TOWN	EVERETT	
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
	AME: JOHN DALL NESS A MAIN STR	ADAKIS EET HOUSE OF PIZZA				
ADDRESS 13	0 MAIN ST					
CITY/TOWN:	EVERETT	STATE: MA	ZIP C	ODE:	02149	
MANAGER:	DALIADAIIS, JOHN	TYPE OF LICENSE: Res	taurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:					
		OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS			
	N OF LICENSED PE	REMISES: SEATING CAPACITY IS	40			
	with 12 TABRES,					
	premises are now ope	d with all laws of the Commen for business (If not expla	in below)		o taxes; and	
DATE:	TELEF	PHONE NUMBER:				TION NUMBER:
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the head ate of liquor liability insur	of the fire	e departi	ment for the	above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038200071		CITY OR TOWN EVERETT	
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	AME: SANDAV, INC NESS A REGINA FO			
ADDRESS 20	3 MAIN STREET			
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE: 02149	
MANAGER:	DOMINGUREZ, SANDRA	TYPE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:			
DESCRIPTIO!	PLEASE ALSO VISIT O N OF LICENSED PRE	OUR WEBSITE AND ENTER YOUR EN	AAIL ADDRESS	
 the the 	licensee has complied premises are now oper	e of the same type for the with all laws of the Comm n for business (If not expla		
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTHORS	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038200073		CITY OR '	ГОWN	EVERETT	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	7 - ELEVEI					
ADDRESS 543 FERR						
CITY/TOWN: EVER	RETT	STATE: N	MA ZIP CO	DDE:	02149	
	JM, SHEK AMMED	TYPE OF LICENSE	:Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS			
DESCRIPTION OF L			DEAD ENTO AL	NCE/EV	ИТ	
	——————————————————————————————————————			NCE/EA		
	es are now ope	d with all laws of the Cen for business (If not center for business (If not center)	explain below)		o taxes; and	
	•					
DATE:	TELEF	PHONE NUMBER:				CION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL I	LICENS	ING AUTH	ORITY
DATE:						



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LICENSE NUMBE	K: 038200076		CITY OR TOWN EVER	21.1
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME	: CANCUN RI	ESTAURANT,INC.		
DOING BUSINESS	S A			
ADDRESS 432 BR	OADWAY			
CITY/TOWN: EV	ERETT	STATE: MA	ZIP CODE: 02149	
MANAGER: LOF YAI	PEZ, NIRKA RISA	TYPE OF LICENSE: R	Restaurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	REMISES:		
I hereby certify and	swear under per	nalties of perjury that:		
1. the renev	ved license will	be of the same type for the	he same premises now licensed:	;
2. the licens	see has complied	d with all laws of the Cor	mmonwealth relating to taxes; a	nd
3. the prem	ises are now ope	en for business (If not ex	plain below)	
SIGNED BY	Individual D	Partner or Authorized Cor	morata Officer	
	marviduai, r	arther of Authorized Cor	porate Officer	
DATE:				
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
			(1000. 1001 marviduai 500	rial Security (Number)
			the certificate required by Ch	
			ead of the fire department for surance required by Chapter	
of 2010.	(2) the certific	ate of inquor nability in	surance required by Chapter	110 of the Acts
Please Check Below:			LOCAL LIGENGING ALL	THODITY
APPROVED:			LOCAL LICENSING AU	THORITY
DISAPPROVED:			By:	
(If disapproved expl	lain)			
	,			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	88200077		C	II Y OK IOV	VN EVEREII	
APPLICATION FOR RI	ENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: EXDOING BUSINESS A ADDRESS 741 BROAD		AGE, LLC				
CITY/TOWN: EVERE	TT	STATE:	MA	ZIP CODE	: 02149	
MANAGER: NUZZO,	STEVEN TY	PE OF LICEN	SE:Packa	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
RETAIL STORE FRON	T ON FIRST FL	OOR				
2. the licensee h 3. the premises a	icense will be of as complied with are now open for	all laws of the business (If no	e Common	nwealth relati		
11.	iaiviauui, i urtiici	or rumorized	Согроги	e officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LIC	ENSING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 0	38200078		CITY OR TOW	'N EVERETT	
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: M DOING BUSINESS A ADDRESS 37 NORWO	RESTAURANT N				
CITY/TOWN: EVERE		STATE: MA	ZIP CODE:	02149	
MANAGER: CHOW,		PE OF LICENSE: Re		CATEGORY:	All Alcohol
EMAIL ADDRESS:					7
	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LIC 1100 S/F GROUND LE			REET LEVEL EN	NTRANCES.	
2. the licensee l	has complied with	the same type for th all laws of the Com business (If not exp	nmonwealth relatin		
I	ndividual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the hea	ad of the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	1		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038200080		CITY OR TO	WN EVERETT	•
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
DOING BUSINI	ME: Benevolent Balka ESS A Balkan Club	n Club of Everett,	Inc		
ADDRESS 36 F	•	STATE: N	IA ZIP CODE	i: 02149	
					XX/' 1
MANAGER: N	Memic, Edin I Y	PE OF LICENSE	:Commercial club	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SSS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
	OF LICENSED PREM				
one story brick b	ldg with basement, fron	t and rear entrance	es		
I hereby certify a	and swear under penaltie	s of perjury that:			
1. the re	newed license will be o	f the same type for	the same premises	now licensed;	
2. the lie	censee has complied wit	h all laws of the C	ommonwealth relati	ng to taxes; and	
	remises are now open fo			,	
	•	•	,		
SIGNED BY	Individual, Partne	er or Authorized C	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT $\underline{\Gamma}$ Individual Social S	
	gned, attest that we ar gned by the building i) the certificate red	quired by Chapt	er 304 of the
	and (2) the certificate of				
Please Check Below	<u>:</u>		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038200084		CITY OR TOWN	EVERETT	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: Umang, Inc				
DOING BUSIN	NESS A Elm Street M	Iarket			
ADDRESS 178	3-180 Elm ST				
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE:	02149	
MANAGER:	Patel, Rakesh Kanaiyalal	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PR				
	, second floor storage				
-	and swear under pens		o somo promisos nov	ligangadı	
		be of the same type for the with all laws of the Com	=		
	=	n for business (If not exp	_	J taxes, and	
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
D.111 D.					



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LICENSE NUMBER	: 038200085	CITY OR TOWN EVERETT				
APPLICATION FOR	RENEWAL:	Annual	ENSED FOR 2	ED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	SEI BAR,INC.					
DOING BUSINESS A	A SEI BAR					
ADDRESS 918 BRO	ADWAY					
CITY/TOWN: EVE	RETT	STATE: MA	ZIP CODE	: 02149		
MANAGER: LIN,J	EN K. TY	PE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_	
DESCRIPTION OF I	LICENSED PREMI	SES:				
RENOVATED COM AREA OF 100 SQ. F PATRON AREAS. T EGRESS.ONE DOOI	T. HOUSING AN A HHE FRONT FAÇ	ASIAN RESTAURAI ADE INCLUDES TV	NT WITH REST	ROOM,KITCH	EN &	
I hereby certify and sv	wear under penalties	s of perjury that:				
1. the renewe	ed license will be of	the same type for the	same premises r	now licensed;		
2. the license	e has complied with	all laws of the Com	monwealth relation	ng to taxes; and		
3. the premis	es are now open for	business (If not expl	ain below)			
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer			
DATE:			EMBLO	WED IDENTIFICAT	FION NUMBER.	
DATE.	TELEPHON	IE NUMBER:		YER IDENTIFICAT Individual Social S		
			(· · · · · · <u>- · · · · · · · · · · · · </u>	_ marvidaan Sooian S	reality Trainings;	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the hea	d of the fire dep	artment for the	above	
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	in)					
DATE:			-			
·····						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:038200086		(ITY OR TOV	VN EVEREII	L
APPLICATION FOR	R RENEWAL:	Anı	ıual	LIC	ENSED FOR 2	2013
		CL	ASS			YEAR
LICENSEE NAME:	PLAYA BONIT	TA RESTAURA	NT CORE	P.		
DOING BUSINESS	A ROB JACKS	BAR & GRILL				
ADDRESS						
CITY/TOWN: EVE	RETT	STATE	MA	ZIP CODE	: 02149	
MANAGER: FLOR	RES, LUIS 7	TYPE OF LICE	NSE: Resta	nurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENT	ER YOUR EMA	IL ADDRESS		
DESCRIPTION OF	LICENSED PREI	MISES:				
2 EXITS-TABLES,L	ADIES & MENS	ROOMS,KITO	CHEN STO	OVE OVEN.		
I hereby certify and s	wear under penal	ties of perjury th	nat:			
	ed license will be	• •		•		
	ee has complied w				ng to taxes; and	
3. the premis	ses are now open	for business (If	not explaii	n below)		
SIGNED BY	Individual, Part	ner or Authoriz	ed Cornor:	ate Officer		
	individual, i are		ou corport			
DATE:				EMDI O	YER IDENTIFICA	TION NI IMPED.
DITTE.	TELEPH	ONE NUMBER	:		Individual Social	
						,
We the undersigned						
Acts of 2004, signed named license and (
of 2010.		•	·	•		
Please Check Below:				LOCAL LICI	ENSING AUTH	IORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expla	in)					
DATE.						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038200087		CITY OR TOV	VN EVEREII	
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	FERRY ST.SPORT	ΓS BAR & GRILL	E		
DOING BUSINESS A	SHOOTERS SPO	ORTS BAR & GRI	LLE		
ADDRESS 355 FERR	Y ST				
CITY/TOWN: EVER	ETT	STATE: MA	ZIP CODE	: 02149	
MANAGER: STELL	A, JAMES TYPE	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LI					
1ST FL REST. & BAR	R &DANCE FLOO	R BASEMENT GA	AME ROOM WIT	H FIRE	
I hereby certify and sw	_				
	l license will be of	• 1	•		
	has complied with			ng to taxes; and	
3. the premise	s are now open for	business (If not ex	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Con	porate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICATE Individual Social S	
			(210te) <u>110 1</u>	_ marviduar bociar t	security (valider)
We the undersigned,					
Acts of 2004, signed I named license and (2)					
of 2010.	•	•	•		
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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LICENSE NUMBER: 038200088		CITY OR TOWN	EVERETT
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: OLIVEIRA'S EN DOING BUSINESS A ADDRESS 749-751 BROADWAY	VTERPRISES INC.		
CITY/TOWN: EVERETT	STATE: MA	ZIP CODE:	02149
MANAGER: RANGELL, TWILTON	YPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
1. the renewed license will be 2. the licensee has complied w 3. the premises are now open f	of the same type for the ith all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MI	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038200089		CITY OR TOWN EVERET	1
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 415 FERF	Two Brothers M			
		STATE: MA	ZIP CODE: 02149	
CITY/TOWN: EVE				
MANAGER: Pena,	Daniel TY	PE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	ISES:		
FIRST FLOOR WITH	I FRONT ENTRA	NCE		
I hereby certify and sv	vear under penaltie	s of perjury that:		
1. the renewe	d license will be of	f the same type for the	e same premises now licensed;	
2. the license	e has complied wit	h all laws of the Com	monwealth relating to taxes; and	l
3. the premise	es are now open for	r business (If not exp	lain below)	
SIGNED BY				
SIGINED DI	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
	122211101	,21,01,1221	(Note: NOT Individual Socia	Security Number)
Disease Charle Dalasso				
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:			By:	
(If disapproved explai	n)			
	•			
DATE:				<u>—</u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	200091	(CITY OR TOWN	EVERETT	
APPLICATION FOR REI	NEWAL:	Annual	LICEN	ISED FOR 20	013
LICENSEE NAME: CA DOING BUSINESS A CA ADDRESS 48 FERRY ST	AFFE NAPOLI	CLASS			YEAR
CITY/TOWN: EVERET	T :	STATE: MA	ZIP CODE:	02149	
MANAGER: CRISTAL ONIO	LINI,ANT TYPE O	F LICENSE: Club	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
2. the licensee has	THROOM,BAR.	erjury that: ame type for the s aws of the Commo	onwealth relating t		
SIGNED BY	ividual, Partner or A	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	UMBER:			FION NUMBER: Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	he building inspect	tor and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER	R: 038200093		CITY OR TOWN EVERETT	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 27 B NO	Α	IC.		
CITY/TOWN: EVI		STATE: MA	ZIP CODE: 02149	
		2		
MANAGER: MA	IA,RONALDO TY	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
			ENTRANCE AND 3 EXITS.	
I hereby certify and	•			
1. the renev	ved license will be o	f the same type for the	e same premises now licensed;	
2. the licens	see has complied wit	h all laws of the Com	amonwealth relating to taxes; and	
3. the premi	ises are now open fo	or business (If not exp	lain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	porate Officer	
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signe	d by the building in	nspector and the hea	he certificate required by Chapt ad of the fire department for the urance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	• ` `			
(If disapproved expl	aın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE !	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 038200094		CITY OR TOWN	EVERETT	
APPLICATION F	OR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	O13 YEAR
	E: NANA'S PIZZA IN SS A NANA'S PIZZA AIN STREET				TL/IIC
CITY/TOWN: EV	VERETT	STATE: MA	ZIP CODE:	02149	
	ACTZIKOWSKI, TYF VTHONY	PE OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
1800 SQ FT OF R I hereby certify and 1. the rene 2. the lices	F LICENSED PREMISE ETAILPIZZERIA Was d swear under penalties ewed license will be of the same has complied with mises are now open for	of perjury that: the same type for the all laws of the Com-	same premises now	licensed;	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NUM	BER: 038200095		CITY OR TOWN	EVERETT
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: JUDITH LO	CKE-SMITH		
DOING BUSIN	ESS A BACKPAC	KERS PUB		
ADDRESS 13 S	CHOOL STREET			
CITY/TOWN:	EVERETT	STATE: MA	ZIP CODE:	02149
	SMITH, JUDITH LOCKE	TYPE OF LICENSE: Inn	holder C	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PI	REMISES:		
STAIRCASES THEATER ROO	TO THE BASEME DM, KITCHEN, TH	ISION GUEST AREA IN T NT WHICH CONSISTS O HREE STORAGE ROOMS DM, UTILITY ROOM ANI	F A REAR LOUNG , RESTROOMS FO	GE AREA, A
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	same premises now	licensed;
2. the li	censee has complie	d with all laws of the Comr	nonwealth relating t	to taxes; and
3. the pr	remises are now op	en for business (If not expla	ain below)	
SIGNED BY			0.00	
	Individual, P	Partner or Authorized Corpo	orate Officer	
DATE:	TELEI		EMPLOYE	R IDENTIFICATION NUMBER:
2112.	IELEI	PHONE NUMBER:		dividual Social Security Number)
				,
		we are in possession (1) the		
		ing inspector and the head ate of liquor liability insu		
of 2010.	and (2) the certific	are of fiquor fluority find	runce required by	Chapter 110 of the fiets
Please Check Below	<u>/:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: [By:	
DISAPPROVEI	D:		-	
(If disapproved of	explain)			
DATE:				
DATE:				



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LICENSE NUMBER: 03	8200096	CITY	OR TOWN	EVERETT			
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 20	013		
		CLASS			YEAR		
LICENSEE NAME: BU	JCCI'S DELIO PIZZERI	O					
DOING BUSINESS A							
ADDRESS 100 SUMME	R STREET						
CITY/TOWN: EVERET	TT STA	TE: MA Z	ZIP CODE:	02149			
MANAGER: BATTIST CARMIN		ICENSE: Restaurar	nt Ca	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
PLEAS	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS						
DESCRIPTION OF LICE	ENSED PREMISES:						
FRONT WORK SPACE EGRESS	IS 800 SQ FTBACK	WORK SPACE IS	1000 FT & IN	NCLUDES B.	ACK		
I hereby certify and swear	r under penalties of perju	ry that:					
1. the renewed li	cense will be of the same	type for the same	premises now	licensed;			
2. the licensee ha	as complied with all laws	of the Commonwe	alth relating to	o taxes; and			
3. the premises a	re now open for business	(If not explain bel	low)				
SIGNED BY	J. 11 of Dogwood A. A.		NCC'				
Inc	dividual, Partner or Auth	orized Corporate C	officer				
D.A.TE							
DATE:	TELEPHONE NUM	BER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
			(Note: NOT Ind	lividual Social S	ecurity Number)		
We the undersigned, at Acts of 2004, signed by	the building inspector	and the head of th	e fire departı	ment for the	above		
named license and (2) the of 2010.	ne certificate of fiquor f	iability insurance	required by	Chapter 116	of the Acts		
Please Check Below:		10	CAL LICENS	ING AUTHO	DITV		
APPROVED:		By:		onvo Au i i c	JKIT I		
DISAPPROVED:		Σ).					
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	138200097		CITY OR TOW	/N EVEREII	L
APPLICATION FOR R	RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: (CLEMENTE PINTO				
DOING BUSINESS A	BRAZA GRILL				
ADDRESS 158 SCHOO	OL STREET				
CITY/TOWN: EVERI	ETT	STATE: MA	ZIP CODE:	02149	
MANAGER: PINTO,	CLEMENT TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	CASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISE	S:			
3,000 SQUARE FEET,	THREE EXITS, RIC	GHT & LEFT REA	AR EXTI, 340 SI	EATS	
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises n	ow licensed;	
	has complied with al			ng to taxes; and	
3. the premises	are now open for bu	siness (If not expl	ain below)		
SIGNED BY	ndividual, Partner or	· Authorized Corn	orata Officar		
1	ildividual, Fartilei Oi	Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICATION TO THE SECOND SECO	
			(110te. <u>1101</u>	marviduai Sociai i	Security (valider)
We the undersigned,					
Acts of 2004, signed be named license and (2)					
of 2010.	one coronicate or in	quoi muomey mou	runce required	oj chapter 11	o or the rices
Please Check Below:			LOCAL LICE	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved explain))				
D					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 038200098		CITY OR TOWN	EVERETT	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES ADDRESS 2 MYS	S A	ORS,INC			
CITY/TOWN: EV	VERETT	STATE: MA	ZIP CODE:	02149	
	LLARANO, ZO	TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
 the rene the licer 	F LICENSED PRICED AREA INSID If swear under penalewed license will busee has complied		same premises now nonwealth relating to		
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] [] plain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	038200099		CITY OR TOV	VN EVEREII	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DO ENTERPRISES	S, INC.			
DOING BUSINESS A	A CASELLA'S LIQU	JOR			
ADDRESS 1940 REV	ERE BEACH PAR	KWAY			
CITY/TOWN: EVE	RETT	STATE: MA	ZIP CODE	: 02149	
MANAGER: DO, T	THO TYP	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMIS	ES:			
ONE STORY BRICK 1,920	BUILDING; ONE	ENTRANCE AND	ONE EXITS; TO	TAL SQUARE	FEET
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	d license will be of t	he same type for the	e same premises i	now licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the premis	es are now open for l	ousiness (If not expl	ain below)		
SIGNED BY	Individual Dommon	on Authorized Com	omata Officer		
	individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NILIMBED.	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFHONI	E NUMBER.		☐ Individual Social S	
DI CI I DI					
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 038200100		CITY OR T	OWN EVERE	TT
APPLICATION F	OR RENEWAL:	Annual	I	LICENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAM	E: DARLENE BO	WDRIDGE & WIL	LIAM BOWDRII	OGE	
DOING BUSINES	SS A BOW STREE	T MARKET & DE	LI		
ADDRESS 92 BC	OW STREET				
CITY/TOWN: E	VERETT	STATE:	MA ZIP COI	DE: 02149	
DA	OWDRIDGE, ARLENE & ILLIAM	ΓΥΡΕ OF LICENSE	E:Package Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION C	F LICENSED PRE	MISES:			
CONVENIENCE DELIVERIES	STORE HAVING	ONE ENTRANCE (ON BOW STREE	Γ FOR CUSTON	MERS AND
I hereby certify an	d swear under penal	Ities of perjury that:			
1. the ren	ewed license will be	of the same type fo	r the same premise	es now licensed;	
	-	with all laws of the C		ating to taxes; an	nd
3. the pre-	mises are now open	for business (If not	explain below)		
SIGNED BY	Individual, Part	tner or Authorized C	Corporate Officer		
DATE:	TELEPH	ONE NUMBER:	EMI	PLOYER IDENTIFIC	CATION NUMBER:
			(Note: <u>N</u>	IOT Individual Soci	ial Security Number)
Please Check Below:			LOCALI	ICENSING AUT	FHODITY
APPROVED:			By:	ICENSING AU .	I HOKII I
DISAPPROVED:			Dy.		
(If disapproved ex	plain)				
DATE:					



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LICENSE NU	MBER: 038200101		CITY	OK TOWN	EVEREII	
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE N.	AME: KIRBY'S KI	TCHEN INC.				
DOING BUSI	NESS A					
ADDRESS 44	0 BROADWAY					
CITY/TOWN:	: EVERETT	STATE: M	IA ZI	P CODE:	02149	
MANAGER:	HALLAHAN, EILEEN	TYPE OF LICENSE:	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:					
	PLEASE ALSO VISI	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDI	RESS		1
DESCRIPTIO	N OF LICENSED P	REMISES:				
AT THE BAC RESTAURAN	K OF THE RESTAU	THE RESTAURANT DIRANT LEADING OUT FROM THEIR KITCHE STOOLS	T TO PAR	KING LOT	.FRONT OF	
I hereby certify	y and swear under pe	nalties of perjury that:				
1. the	renewed license will	be of the same type for	the same p	remises now	licensed;	
2. the	licensee has complie	ed with all laws of the Co	ommonwea	lth relating to	taxes; and	
3. the	premises are now op	en for business (If not e	xplain belo	w)		
SIGNED BY	Individual, I	Partner or Authorized Co	orporate Of	ficer		
DATE:	TELE	PHONE NUMBER:	_			ION NUMBER:
			(1	Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004,	signed by the build	we are in possession (1) ing inspector and the h cate of liquor liability i	nead of the	fire departr	nent for the	above
Please Check Bel	ow:		LOC	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVI						
(If disapproved	d explain)					
DATE:						
DATE.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 038200102		CITY OR TOV	VN EVEREII	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 35 EVER	ETT AVE				
CITY/TOWN: EVE	RETT	STATE: MA	ZIP CODE	: 02149	
MANAGER: DESI	MONE, ALBA TYPE	OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMISES	S:			
GAS STATION WIT ACCEIBILITY	H CONVENICE STO	RE FRONT & RI	EAR ENTRANCI	E WITH HAND	ICAPP
	e has complied with all es are now open for bu Individual, Partner or	siness (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED:					
(If disapproved expla	III <i>)</i>				
DATE:					



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	CITY OR TOWN EVERETT
Annual	LICENSED FOR 2013
CLASS	YEAR
ARIBBEAN LLC	
CARIBBEAN RESTAURA	ANT
STATE: MA	ZIP CODE: 02149
TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
EMISES:	
R AND A BASEMENT ST	CORAGE. DINE IN, TAKE OUT
	D. THREE ENTRANCES AND EXITS
	NG AREA ONE KITCHEN. FULLY AND REFRIDGERATORS AND
OVENS, ORILL STOVES	AND REI RIDGERATORS AND
lties of perjury that:	
e of the same type for the s	same premises now licensed;
with all laws of the Comm	onwealth relating to taxes; and
for business (If not explain	in below)
rtner or Authorized Corpor	rate Officer
HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
	certificate required by Chapter 304 of the
	cance required by Chapter 116 of the Acts
e or inquor massing misur	unce required by chapter 110 or the rees
	LOCAL LICENSING AUTHORITY
	By:
	2,.
	Annual CLASS ARIBBEAN LLC CARIBBEAN RESTAURA STATE: MA TYPE OF LICENSE: Rest UR WEBSITE AND ENTER YOUR EM EMISES: R AND A BASEMENT ST M SYSTEM INSTALLEI OR IN THE BACK DINID OVENS, GRILL STOVES alties of perjury that: e of the same type for the s with all laws of the Comm of for business (If not explain extreme or Authorized Corporation of the Summary of the Sum